



## Office of General Services Federal Civil Rights Violation Complaint Form

Please complete and submit this form if you believe that, on the basis of race, color, national origin (including Limited English Proficiency), disability, sex, or age, you have been excluded from, denied the benefits of, or subjected to discrimination under any program or activity administered by the Office of General Services (OGS), its sub-recipients, or contractors.

### Complainant Contact Information \*Required

*Full Name	_____	Email	_____	Phone	_____
*Address _____					
*City	_____	*State	_____	*ZIP	_____
*What is the preferred method for OGS to contact you?		Telephone	Email	U.S. Postal Service	

### \*Are you filing this complaint for yourself or on behalf of someone else?

☐ For Myself

☐ On behalf of someone else.

Here is my name and relationship to the complainant, and my affirmation that I have permission to file the complaint on their behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

By checking this box, I affirm that I have permission to file this complaint on behalf of the Complainant.

### \*Your claim of discrimination under Federal Civil Rights Laws is being made against what entity, program, service, activity, or individual:

\*Name \_\_\_\_\_

\*Location of the incident \_\_\_\_\_

\*Date discrimination occurred \_\_\_\_\_ Other Dates \_\_\_\_\_

\*Is the discrimination continuing?      Yes      No      Maybe

### \*Your claim of discrimination is based upon (place an "X" to all that apply)

Age	Color	Race	National Origin	Disability	Sex	Retaliation
Limited English Language Proficiency	Other	→ _____				

\*Please describe how, when, and where the alleged discrimination occurred. Include as much background information as possible about the alleged act(s) of discrimination. You can also submit documentation to support your claim via email to OGS. Instructions to submit attachments are at the end of this form.

**\*Are there witnesses who may have heard or seen what happened?**      Yes      No      Maybe

**Witnesses who may have heard or seen what happened (attach additional pages, if necessary):**

Full Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Full Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**\*Have you filed a claim regarding this complaint with a federal, state, or local government agency?**      Yes      No

If yes, specify:

Agency \_\_\_\_\_ Office \_\_\_\_\_

Additional agencies?

Agency \_\_\_\_\_ Office \_\_\_\_\_

Agency \_\_\_\_\_ Office \_\_\_\_\_

**In the space below, provide any other details regarding your complaint that you would like considered.**

Completed forms and supporting documentation may be submitted to:

**Office of General Services**  
**Legal Services**  
**Empire State Plaza, Corning Tower, 36th Floor**  
**Albany, NY 12242**  
**Phone: 518-474-8831**  
**Fax: 518-473-4973**  
**Email: [OGS.dl.LegalServicesWeb@ogs.ny.gov](mailto:OGS.dl.LegalServicesWeb@ogs.ny.gov)**

The New York State Office of General Services prohibits retaliation or intimidation against anyone because that individual has taken action to secure rights protected by law. Please contact the OGS Nondiscrimination Coordinator if you feel you were intimidated while filing this complaint or if you later experience perceived retaliation in relation to filing this complaint:

**Office of General Services**  
**Nondiscrimination Coordinator, care of Legal Services**  
**Empire State Plaza, Corning Tower, 36th Floor**  
**Albany, NY 12242**  
**Phone: 518-474-8831**  
**Fax: 518-473-4973**